

CaIPERS

HIPAA Transaction Set Standard Health Companion Guide

**Refers to the X12N Implementation Guide 005010X220A1
Version 5, Release 1:
834 – Benefit Enrollment and Maintenance,
Technical Report - Type 3**

Companion Guide Version Number: 3.5

May 2011

Disclosure Statement

This companion guide is intended only to assist carriers with information that CalPERS' supplies to the Carriers for the Benefit and Enrollment transaction (834). This document is not an implementation guide. This guide only addresses:

- information we are required to or allowed to send you
- information identified as mutually defined
- information as defined by the payer

Carriers must use the American National Standards Institute (ANSI) ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 Benefit Enrollment and Maintenance (834) for complete instructions on using this transaction set. This companion guide does not modify any of the requirements of the Technical Report. Transactions include all the information identified in the Benefit and Enrollment transaction set that is required, and all information agreed upon by CalPERS and our Trading Partners.

Preface

This companion guide to the ANSI ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 Benefit Enrollment and Maintenance (834) adopted under HIPAA clarifies and specifies the data content being sent when data is electronically transmitted between CalPERS and our carriers. Transmissions based on this Companion Guide, used in tandem with the ANSI ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 Benefit Enrollment and Maintenance (834), are compliant with both X12 syntax and the HIPAA adopted ANSI ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 Benefit Enrollment and Maintenance (834). The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

Revision History

Date	Revision Number	Revision Description
August, 2010	3.0	Original 5010 Version
		Changes from the 4010 Version: <ul style="list-style-type: none"> ▪ Call out of Carrier Differences in ISA05 and ISA06 ▪ GS08 – Version change to 005010X220A1 ▪ Loop 2000, INS06 – Utilization of Medicare Plan Codes ▪ Loop 2000, REF01 & REF02 – Use of F6 and ABB ▪ Loop 2000, REF01 = ZZ, REF02 – Two (2) new reason codes for Medicare ▪ Loop 2000, REF01 = 3H, REF02 – One (1) new Health Enrollment Activity Code for Medicare ▪ Loop 2000, DTP01 changes for Medicare enrollment transaction effective date, and Medicare Part A and Part B effective dates ▪ Communication Number Qualifier – Change to using AP for International Phone Numbers from TE ▪ Communication Numbers – Will send up to three (3) with my CalPERS ▪ Loop 2100A, N403 – Will send the Foreign Postal Code if available; will discontinue the use of “NONE” ▪ Loop 2100C – Subscriber mailing address sent if different from the residence address. ▪ Loop 2100C – Dependent address sent if different from the Subscriber residence address. ▪ Loop 2100D, NM103 – Employer Name sent here instead of NM109 ▪ Loop 2100D, NM108 & NM109 – Sent twice; first loop will be CalPERS Unique Employer ID, the 2nd loop will be the Employer Federal Tax ID ▪ Loop 2100D – Employer Communication Numbers sent if we have them ▪ Loop 2100D – Employer Mailing Address sent ▪ Loop 2100G – Financially Responsible Person’s Middle Initial and Name Suffix sent ▪ Loop 2100G - Financially Responsible Person’s Communication Numbers sent ▪ Loop 2100G - Financially Responsible Person’s Address sent ▪ Table Changes for: <ul style="list-style-type: none"> ○ Loop 2000, INS04 ○ Loop 2000, INS06 ○ Loop 2000, REF01 = Code ZZ ○ Loop 2000, REF01 = Code 3H ○ Loop 2000, DTP01, Reason Code Changes between Basic/Medicare; Health Enrollment Activity Code (16)
April 2011	3.3	Table Section One: <ul style="list-style-type: none"> • Loop 2000, INS04, Notes/Comments: <ul style="list-style-type: none"> ○ Added to Activity Code 14: “When Ref01 = ZZ, Ref02 will contain the original CalPERS reason code of the transaction. • Loop 2000, REF02, Notes/Comments: Removed last two bullets. • Loop 2000, REF02, Notes/Comments: Removed last bullet. • Loop 2000, REF02, Notes/Comments: <ul style="list-style-type: none"> ○ Added “REF3h = 51, 52 or 53. ○ Removed last two bullets • Loop 2000, REF02, Notes/Comments: <ul style="list-style-type: none"> ○ Added to last bullet: “16 sent for new Medicare date or HIC Number.

Date	Revision Number	Revision Description
		<ul style="list-style-type: none"> Loop 2000, DTP01, Notes/Comments: Added: <ul style="list-style-type: none"> Medicare Part A only (<i>INS06-1 = A</i>) Medicare Part B (<i>INS06-1 = B</i>) Medicare Part A & Part B (<i>INS06-1 = C</i>) REF01 = 3H = 16 "If there is a change, <i>Ref 3H = 51, 52 or 53</i>" "Start and End dates are always sent with all COBRA related transactions." Loop 2100A, PER05, Notes/Comments: Removed Notes/Comment Loop 2100A, PER07, Notes/Comments: Removed Notes/Comment Loop 2100A, N301, Notes/comments: Added: "Every transaction that is sent must include <i>the City, State, and zip code</i>, so CalPERS will send the whole address. The mailing address is also mandatory. Loop 2100C, so CalPERS will also send the mailing address even if it is the same as this address." Loop 2100B, NM108, Codes: Removed "ZZ + Mutually Defined" Loop 2100C, N301, Notes/Comments: Added, "Every transaction requires the City, State, and zip code for Loop 2100A, so CalPERS will send the whole address. The mailing address, Loop 2100C, is also mandatory so CalPERS will also send the mailing address even if it is the same as the address in loop 2100A." Loop 2100G, PER05, Notes/comments: Removed Notes/Comment Loop 2100G, PER07, Notes/comments: Removed Notes/Comment Loop 2200, Notes/Comments: Changed references of "Disabled Member" to "Disabled Child" Loop 2200, DTPS01, Notes/Comments: Changed, <ul style="list-style-type: none"> 360 to "disability certification begin date" 361 to "disability certification end date" Loop 2310, Provider Information: <ul style="list-style-type: none"> Deleted section. Added: "Not Sent. The new system does not provide a place to input the Provider Information". <p>Table Section Two:</p> <ul style="list-style-type: none"> INS03: Removed CalPERS Reason Categories INS06: Added Medicare Enrollment Status table for clarification INS08: Updated ANSI Values Sent REFZZ: Removed Medicare Reason Codes DTP01: Added 51, 52, and 53 codes for clarification Supplemental Address Type: Updated for all addresses
April 2011	3.4	Updated Standard with 005010X220A1 per the Errata dated June, 2010
May, 2011	3.5	<p>Table Section One:</p> <ul style="list-style-type: none"> Loop 2000, Ref01, Medicare Enrollment Status Code: <ul style="list-style-type: none"> Added Section Loop 2100A, changed from situational to "Required, always sent" Loop 2100A, N406, Eligibility Zip Code <ul style="list-style-type: none"> Changed to always sent for new enrollments and plan changes Loop 2100B, Incorrect Member Name: <ul style="list-style-type: none"> Added comments for clarification <p>Table Section Two:</p> <ul style="list-style-type: none"> REF17: Added table for Medicare Enrollment Status Code

Introduction

The guide is broken into two sections. The first section describes the X12N Implementation Guides (IGs) adopted under HIPAA in detail with the use of a table. The second section of tables conveys the codes CalPERS uses. For example, the first section refers the user to the CalPERS table for INS02. Table INS02 in the second section contains the values used in INS02. The second section also gives the CalPERS values so when Carriers look at the on-line system they can understand what the codes mean.

CalPERS sends files for both daily changes, and for full file audits. The daily change file is sent each business day, Monday through Friday after all batches have run for the day. The full audit file may be requested by each carrier and will be scheduled for a time when discrepancies can be worked by both the Carrier and CalPERS staff.

The daily change file contains a complete family record. We do not just send the change for a particular individual. For example, if we have a subscriber who is married with one child, and the subscriber is adding a third dependent, we will send the subscriber loop, then the first dependent (spouse) loop, then the second dependent loop, and finally, the third dependent loop. We indicate which person the change applies to by putting an XN in INS04 for each family member the transaction does NOT apply to. An example of the mapping follows*:

```
INS*Y*18*030*XN*A*E**FT~REF*0F*998988888~REF*1L*0~REF*DX*8233~REF*3H*00~NM1*IL*1*Last
name*First name*M***34*998988888~N3*111 Subscriber
Address~N4*SACRAMENTO*CA*95814~DMG*D8*19580314*M~NM1*ES*2*5415559*****ZZ*Department of
Boating and Waterways~
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```
INS*N*01*030*XN*A*E****N~REF*0F*998988888~REF*1L*0~REF*DX*8233~REF*3H*00~NM1*IL*1* Last
name *Spouse first name****34*997977777~N3*111 Subscriber
Address~N4*SACRAMENTO*CA*95814~DMG*D8*19631001*F~
```

```
INS*N*19*030*XN*A*E****N~REF*0F*998988888~REF*1L*0~REF*DX*8233~REF*3H*00~NM1*IL*1* Last
name *Child first name~N3*111 Subscriber
Address~N4*SACRAMENTO*CA*95814~DMG*D8*20040126*M~
```

```
INS*N*09*021*05*A*E****N~REF*0F*998988888~REF*1L*0~REF*DX*8233~REF*ZZ*200~REF*3H*51~DT
P*356*D8*20090421~NM1*IL*1* Last name *Second child first name~N3*111 Subscriber
Address~N4*SACRAMENTO*CA*95814~DMG*D8*20090314*F~HD*021**HLT~DTP*348*D8*20090401~
```

The daily change file also contains multiple transactions. If a subscriber adds a dependent and changes their address on the same day, the daily change file contains two transactions for that subscriber.

*Note: No information in the above example represents any real person.

Section One

In this first section, the tables contain a row for each segment that CalPERS has something additional, over and above, or different from, the information in the IGs. That information can:

- ◆ Establish the repeat of loops, or segments,
- ◆ Establish that Dependent loops follow the Subscriber loop, where applicable,
- ◆ Establish the length of a simple data element,
- ◆ Specify a sub-set of the IGs internal code listings,
- ◆ Clarify the use of loops, segments, composite and simple data elements, and
- ◆ Any other information tied directly to a loop, segment, composite or simple data element pertinent to electronic transactions with CalPERS.

In addition to the row for each segment, one or more additional rows are used to describe CalPERS' usage for composite and simple data elements and for any other information. Notes and comments are placed at the deepest level of detail. For example, a note about a code value is placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the detailed description of the ANSI ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 Benefit Enrollment and Maintenance (834) agreed to by CalPERS and their Trading Partners.

LEGEND:

SHADED rows represent “segments” in the X12N Implementation Guide.

NON-SHADED rows represent “data elements” in the X12N Implementation Guide.

“LOOP – SPECIFIC” comments should be indicated in the first segment of the loop.

834 Guide Page #	Loop ID	Segment	Name	Codes	Notes/Comments
C4	NA		Interchange Control Header (ISA)		
C.4	NA	NA	Delimiters	Data element separator = asterisk * Sub-element separator = greater-than sign > Segment terminator = tilde ~	The 834 Implementation Guide (IG) specifies that the submitter (CalPERS) must specify the delimiters in the interchange header segment, ISA. We require that carriers use the delimiters we have specified.
C.4	NA	ISA05	Interchange ID Qualifier	ZZ or 30	Mutually Defined U.S. Federal Tax ID Number (EIN)
C.4	NA	ISA06	Interchange Sender ID	Carrier Specific All Other Carriers	CA00145E is sent. 946207465
C.5	NA	ISA07	Interchange ID Qualifier	ZZ or 30	Mutually Defined U.S. Federal Tax ID Number (EIN)
C.5	NA	ISA08	Interchange Receiver ID		As described by each Carrier
C.6	NA	ISA15	Usage Indicator	P – production data T – test data	Handle file appropriately based on indication of Production or Test data.
C.7	NA		Functional Group Header (GS)		
C.7	NA	GS02	Application Sender's Code	CalPERS EIN	CA00145E is sent.
C.7	NA	GS03	Application Receiver's Code	Carrier's EIN	As described by each carrier.

834 Guide Page #	Loop ID	Segment	Name	Codes	Notes/Comments
C.8	NA	GS08	Version/Release/ Industry Identifier Code	Current version of the 834	Use 005010X220A1 .
31	NA		Transaction Set Header (ST)		
	NA	ST01	Transaction Set Identifier code	ST01 = 834	
		ST02	Transaction Set Control Number		Software Generated
32	NA		Beginning Segment		
32	NA	BGN01	Transaction Set Purpose Code	00 = first send 15 = resubmit 22 = info only	<ul style="list-style-type: none"> CalPERS will send only one original transmission per day. The daily file will be sent in the evening of that day. 22 is sent when the original transmission was lost or not processed, and another transmission of that same file is sent.
33	NA	BGN04	Time	= 0000	Time is always set to 00:00 (12:00 midnight).
35	NA	BGN06	Reference Identification	If BGN01 = 15 or 22, then BGN06 should reference the previously sent transaction.	Used only for re-submission of a lost or incorrect file. CalPERS' operator should manually hard code the BGN02 of the previously sent file.
35	NA	BGN08	Action Code	2 = Change 4 = Verify	Use 2 for daily files. Use 4 for full files.
36	NA		Transaction Set Policy Number		
36	NA	REF01	Reference Identification Qualifier	38 = Master Policy Number	Use 38 .
37	NA	REF02	Reference Identification	Master Policy Number	Put Master Policy Number.
37		DTP	File Effective Date		
37		DTP01	Date/Time Qualifier	090	Report Start
37		DTP02	Date Time Period Format Qualifier	D8	Date expressed in format CCYYMMDD
37		DTP03	Date Time Period		Report start date/time
39	1000A		Sponsor Name		
39	1000A	N101	Entity Identifier Code	P5 = Plan Sponsor	Use P5 .
40	1000A	N103	Identification Code Qualifier	F1 = EIN	Use F1
40	1000A	N104	Identification Code	CalPERS EIN	Send 946207465 .
41	1000B		Payer		

834 Guide Page #	Loop ID	Segment	Name	Codes	Notes/Comments
41	1000B	N101	Entity Identifier Code	IN = Insurer	Use IN .
41	1000B	N103	Identification Code Qualifier	F1 = EIN	Use F1 .
42	1000B	N104	Identification Code	Carrier's EIN	As described by each carrier.
47	2000		Member Level Detail		First loop is for Subscriber, following loops are for Dependents. Complete family records are sent when a change is made to 1+ family member.
48	2000	INS01	Yes/No Condition	Y = Subscriber N = Dependent	Y used when loop pertains to Subscriber. N used when loop pertains to Dependent.
48	2000	INS02	Individual Relationship Code	18 = Subscriber Use CalPERS INS02 Table for Dependent	18 in Subscriber loop Use the appropriate code from CalPERS INS02 table for Dependents.
49	2000	INS03	Maintenance Type Code	See CalPERS INS03 Table	<p>MAINTENANCE TYPE CODE</p> <p>001 sent when reporting demographic/leave changes.</p> <p>030 sent for Full File and for Complete Record where the enrollee has no change.</p> <p>001, 021 & 024 sent for enrollment changes. When an enrollee changes health plans, the new carrier will receive 021. The terminating carrier will receive 024.</p> <ul style="list-style-type: none"> • If the carrier chooses to use this segment, it cannot be used alone. For example, when we send 001 (change), this could be used to identify a coverage type change between Medicare and Basic or it can be used for a Premium Payment Method change to or from direct pay or demographic a demographic change. • Note: There is no HD loop when terminating all coverage for Subscriber/ Dependents. INS03 = 024, the 2000 DTP loop = 357 and there is no 2300 HD loop. • CalPERS will send a full file upon carrier request.
49	2000	INS04	Maintenance Reason Code	See CalPERS INS04 Table... CalPERS uses...01, 02, 03, 05, 07, 08, 09, 14, 20, 21, 22, 25, 28, 31, 32, 33, 37, 39, 40, 43, AI, XN & XT	<p>MAINTENANCE REASON CODE</p> <ul style="list-style-type: none"> • XN for notification only, used in the daily Change File or Full File to indicate that no change was made to enrollee. • 33 sent exclusively to identify "coverage type changes" between Basic and Medicare enrollment. • 07 sent to terminate plan when Subscriber changes health plans. • 28 sent for new enrollments and when a Subscriber changes health plans. • 20 sent exclusively to identify end of Direct Pay and a return to deduction. • AI sent exclusively to identify new enrollment or change into DIRECT PAY. • 25 sent for most demographic changes. (Health Activity Codes 01, 02, 04, 06, 08, 10, 11 & 12) • 09 sent for new COBRA enrollments. • 43 Subscriber and Dependent address

834 Guide Page #	Loop ID	Segment	Name	Codes	Notes/Comments
					<p>changes.</p> <ul style="list-style-type: none"> • 14 sent to identify rescinded transactions. When Ref01 = ZZ, Ref02 will contain the original CalPERS reason code of the transaction. • Since INS04 is not a required field, CalPERS will not send with Health Activity Code 5, 7, 9, 13, 14, 16, or 53 (Health Cert Dates, Retired Status, Leave Status, Return from Leave, Relationship Change for Dependent, New Medicare Dates, or Reapply transactions). • There were insufficient ANSI codes to address all business needs. Consequently, it was necessary to assign certain ANSI values to handle specific business needs. See 33 or A1.
51	2000	INS05	Benefit Status Code	See CalPERS INS05 Table	
51	2000	INS06	Medicare Plan Code	See CalPERS INS06 Table	New Health Coverage types viewable on myCalPERS.
52	2000	INS07	COBRA Qualifying	See CalPERS INS07 Table	<p>COBRA QUALIFYING EVENT CODE.</p> <ul style="list-style-type: none"> • The initial COBRA QUALIFYING EVENT CODE is sent only upon the initial COBRA enrollment. Once enrolled on COBRA, a COBRA enrollee may make changes like any other enrollee. For example, adding, deleting dependents, changing plans, etc. On these subsequent transactions, the initial COBRA QUALIFYING EVENT is not included, only the current transaction that is being performed. Therefore, this segment is sent as a blank on all subsequent transactions.
52	2000	INS08	Employment Status Code	See CalPERS INS08 Table	Required for Subscriber only.
53	2000	INS09	Student Status Code		Not Sent. CalPERS does not track student status or require it for eligibility.
53	2000	INS10	Handicap Yes/No Condition	<p>Dependent Only</p> <p>Y = Yes N = No</p>	<p>HANDICAP INDICATOR</p> <p>DEPENDENT LOOP:</p> <p>Y indicates Dependent is certified disabled. N indicates Dependent is not certified disabled.</p> <ul style="list-style-type: none"> • If yes, disability certification and expiration dates are sent in Loop 2200, DTP.
53	2000	INS11	Date Time Period Format Qualifier	D8 = Date Expressed in Format CCYYMMDD	D8 DEATH DATE sent in INS12 only if Subscriber death date is being reported.
54	2000	INS12	Date Time Period	DEATH_DATE	DEATH DATE of Subscriber is only reported when sending a health cancellation due to death. This death date is the same as the EVENT DATE in Loop 2000, DTP03.
55	2000		Subscriber Number		
55	2000	REF01	Reference Identification Qualifier	OF = Subscriber Number	Send OF

834 Guide Page #	Loop ID	Segment	Name	Codes	Notes/Comments
55	2000	REF02	Reference Identification	Subscriber SSN	SUBSCRIBER SSN is sent.
56	2000		Member Policy Number		
56	2000	REF01	Reference Identification Qualifier	1L	1L used to indicate Payroll Office Code will be sent in REF02.
56	2000	REF02	Reference Identification	See CalPERS Code 1L Table.	PAYROLL OFFICE CODE is sent. If the subscriber is on Direct Pay or COBRA, the value is S . To differentiate between Direct Pay and COBRA, see INS05. If INS05 is equal to "C" (COBRA), then the subscriber is enrolled in COBRA. If NS05 is not equal to "C" (COBRA), then the subscriber is enrolled in Direct Pay.
57	2000		Member Supplemental Identifier		CalPERS uses seven Reference Identification Qualifiers, 17, DX, ZZ, 3H, 6O, F6, and ABB. They are listed below separately as pairs of Ref01 and Ref02.
58	2000	REF01	Reference Identification Qualifier	17	Medicare Enrollment Status Code is sent in REF02.
58	2000	REF01	Reference Identification Qualifier	See CalPERS 17 Table	17 indicates the reason a subscriber or dependent that is Medicare age doesn't qualify for Medicare.
58	2000	REF01	Reference Identification Qualifier	DX	DX indicates that EXTERNAL PLAN CODE + PARTY RATE are sent in REF02.
58	2000	REF02	Reference Identification	See CalPERS DX Table	EXTERNAL PLAN CODE + PARTY RATE 3 digit plan code and 1 digit party rate sent. <ul style="list-style-type: none"> External plan code and party rate tells you if the enrollment is for one party, two parties or a family and whether the enrollment is Basic only, Medicare only or a combination of the two. However, it does not tell you which person(s) in the family has basic and which has Medicare in a combined situation. INS06 must still be utilized to determine which family members have Medicare and which ones have Basic.
58	2000	REF01	Reference Identification Qualifier	ZZ	ZZ indicates that the 3 digit CalPERS REASON CODE will be sent in REF02.
58	2000	REF02	Reference Identification	See the CalPERS ZZ Table for values.	CalPERS REASON CODE sent when we are reporting an enrollment change for the subscriber (INS04 not equal to XN and REF3H = 51, 52, or 53). <ul style="list-style-type: none"> The reason code may tell you when we enroll a State permanent intermittent (PI) employee (reason codes 106 & 107). Some carriers may flag or monitor PI State employees because their health deductions are not paid consistently (nature of a PI enrollment). PI's health benefits are paid only if they are enrolled AND they worked a minimum number of hours in the month. If enough hours are not worked, CalPERS

834 Guide Page #	Loop ID	Segment	Name	Codes	Notes/Comments
					does not send a cancellation notice. For non-qualifying months the PI employee may or may not elect direct pay. Deductions resume when the PI has a qualifying month. Cancellation notices are only sent at the end of the control periods (twice a year) to terminate health benefits if sufficient hours were not accumulated during the control period.
57	2000	REF01	Reference Identification Qualifier	3H	3H indicates that the CalPERS Health Enrollment Activity Code will be sent in REF02.
57	2000	REF02	Reference Identification	See CalPERS 3H Table	<p>CalPERS HEALTH ENROLLMENT ACTIVITY CODE is always sent. We send a 51 for daily event change transactions, a 52 for rescinded transactions and a 53 for reapplied transactions.</p> <ul style="list-style-type: none"> Values of 01, 02, 04, 06, 08, 10, 11, & 12 identify specific demographic changes. A separate demographic transaction will be sent for each type of change, even if they are all done in one day. For example, a name change, an address change and a leave of absence processed for the same individual will generate 3 separate transactions. 00 sent to indicate there was no change to this person, when INS04 = XN. 13 sent for new leave status. A 13 doesn't equate to going on Direct Pay. If subscriber goes on Direct Pay (DP), a separate DP enrollment transaction will be sent. The purpose of reporting the leave is to notify carriers that deductions may be affected. If a subscriber does not go on Direct Pay, a cancel coverage request will be sent in order to stop the subscriber's health coverage. For those subscribers on Direct Pay that do not pay premiums and the Carrier cancels coverage, Carriers should send notice of the cancellation to CalPERS. 16 sent for updating Medicare dates or HIC Number.
58	2000	REF01	Reference Identification Qualifier	6O	6O indicates that the QUALIFYING SSN will be sent in REF02.
58	2000	REF02	Reference Identification		<p>QUALIFYING SSN is sent only if it exists. Qualifying SSN is a cross reference SSN for COBRA enrollees and survivors. It's the original subscriber that qualified this person for health coverage.</p> <ul style="list-style-type: none"> Qualifying SSN is not the same as Financially Responsible SSN which is discussed in Loop 2100G, NM1.
58	2000	REF01	Reference Identification Qualifier	F6	Health Insurance Claim (HIC) Number will be sent in REF02

834 Guide Page #	Loop ID	Segment	Name	Codes	Notes/Comments
58	2000	REF02	Reference Identification		Health Insurance Claim (HIC) Number is sent only if it exists.
58	2000	REF01	Reference Identification Qualifier	ABB	CalPERS Unique Identifier will be sent in REF02
58	2000	REF02	Reference Identification		CalPERS Unique Identifier will be sent for all subscribers and dependents.
59	2000		Member Level Dates		
59	2000	DTP01	Date/Time Qualifier		<ul style="list-style-type: none"> • DATES are sent in DTP03. • 356 sent for all new enrollments, addition of dependents, plan changes (new plan), and all changes to direct pay. • 357 sent for all deletion of dependents and for terminations. • 338 - For new plan enrollments for subscribers or dependents that qualify for Medicare, we send 2 or 3 DTP loops. The first loop will use a 356 with the transaction effective date; the 2nd and 3rd loops will be for the Medicare effective dates. If the subscriber or dependent has Medicare Part A only (INS06-1 = A), then the 2nd loop will be the effective date for Part A. If the Subscriber or Dependent has only Medicare Part B (INS06-1 = B), then the 2nd loop will be the effective date for Part B. If the subscriber or dependent has Medicare Part A & Part B (INS06-1 = C), then the 2nd loop will be for the Part A enrollment date, and the 3rd loop will be for Part B enrollment date. Both the 2nd and 3rd loops will have a code of 338, Medicare Begin. • 339 sent for Medicare end date. • 303 sent for address changes, retirement dates, leave, returns from leave, and Medicare Part A or Part B enrollment date changes, REF01 = 3H = 16, • If there is a change effecting the benefit, Ref 3H = 51, 52, or 53, see CalPERS table for reason codes (series 100 through 800) and unique reason codes. If no change to enrollee, INS04 = XN. • If the health enrollment activity code = 1, 2, 4, 5, 6, 8, 9, 10, 11, 12, or 91, then THERE IS NO DTP (Event Date). • 340 sent for COBRA begin. If COBRA (INS05 = C) then loop repeats for COBRA start date and COBRA end date. • 341 sent for COBRA end. If COBRA (INS05 = C) then loop repeated for COBRA end date. Start and End dates are always sent with all COBRA related transactions.
60	2000	DTP02	Date/Time Period Format Qualifier	D8	D8 DATES expressed in CCYYMMDD format.
60	2000	DTP03	Date Time Period	Event Date	<p>EVENT DATE represents the date of a qualifying event. Example, marriage, divorce, adoption and birth dates.</p> <ul style="list-style-type: none"> • In case of termination/deletions, the

834 Guide Page #	Loop ID	Segment	Name	Codes	Notes/Comments
					<p>effective date will be sent here. No Loop 2300, HD is sent for cancels (per pages 5/6 of 5010 Standard).</p> <ul style="list-style-type: none"> • COBRA START DATE is the original start date and may be different from the effective date. Example: COBRA enrollment from 1/1/99 to 7/1/00 with Plan A. Open enrollment change to Plan B effective 1/1/00. COBRA START DATE will always be 1/1/99. Effective date sent in Loop 2300 will be 1/1/00. • COBRA END DATE is the original end date. If COBRA must be extended, then current COBRA enrollment is cancelled and a new COBRA enrollment is processed with extended dates. Per above example, COBRA end date is always 7/1/00.
61	2100A		Member Name		Subscriber info is ALWAYS required.
62	2100A	NM101	Entity Identifier Code	74 or IL (See CalPERS 3H Table)	<p>74 is designated to correct the Name, SSN, or birth date for a member already enrolled. If the 74 is used, loop 2100B, NM101 must be populated with a 70 and the subsequent NM segments populated with the First and Last names, Middle Initial and the SSN.</p> <ul style="list-style-type: none"> • IL = Subscriber SSN
63	2100A	NM102	Entity Type Qualifier	1	1 Sent for PERSON.
63	2100A	NM103	Name Last		LAST NAME.
63	2100A	NM104	Name First		FIRST NAME.
63	2100A	NM105	Name Middle		MIDDLE NAME (Optional).
63	2100A	NM106	Name Prefix		Not Used.
63	2100A	NM107	Name Suffix		NAME SUFFIX (Optional).
63	2100A	NM108	Identification Code Qualifier	34	ENROLLEE SSN sent in NM109.
63	2100A	NM109	Identification Code		ENROLLEE SSN - Same as the Subscriber SSN sent in Loop 2000, REF01. The Dependent loop contains the Dependent's SSN, if one is available.
66	2100A		Member Communications Numbers		PHONE NUMBER sent only if available. A phone number addition or change will not trigger a transaction; rather, the most current phone number(s) (if available) will be included for each transaction.
66	2100A	PER01	Contact Function Code	IP	IP If available, the Subscriber phone number is sent in PER04.
66	2100A	PER03	Communication Number Qualifier	HP = Home Phone WP = Work Phone CP = Cell Phone AP = International Phone	AP sent exclusively to identify international phone number. Since international phone numbers are a free form field, not all carriers can accommodate this type of phone number. If this is the case, the carrier may identify such phone numbers by looking for a qualifier

834 Guide Page #	Loop ID	Segment	Name	Codes	Notes/Comments
					of "AP".
66	2100A	PER04	Communication Number		AREA CODE + PHONE NUMBER International phone number could be sent.
66	2100A	PER05	Communication Number Qualifier	HP = Home Phone WP = Work Phone CP = Cell Phone AP = International Phone	
67	2100A	PER06	Communication Number		AREA CODE + PHONE NUMBER International phone number could be sent.
67	2100A	PER07	Communication Number Qualifier	HP = Home Phone WP = Work Phone CP = Cell Phone AP = International Phone	
67	2100A	PER08	Communication Number		AREA CODE + PHONE NUMBER International phone number could be sent.
68	2100A		Member Residence Street Address		Required; always sent
68	2100A	N301	Address Information	Street Address	STREET ADDRESS - Carrier Decision Point. <ul style="list-style-type: none"> Every transaction that is sent must include the City, State, and zip code, so CalPERS will send the whole address. The mailing address, Loop 2100C, is also mandatory so CalPERS will also send the mailing address even if it is the same as this address. Carriers have to make the decision if they are going to replace the address every time one is received from CalPERS when the address doesn't match their system. Most carriers have opted to ignore the address segment on regular transactions and overlay the address only when REF3H = 3 or 15 indicating that we are sending an actual address change transaction.
68	2100A	N302	Address Information	See CalPERS N302 Table	SUPPLEMENTAL ADDRESS CODE
69	2100A		Member Residence City, State, Zip		
69	2100A	N401	City Name	City	CITY.
69	2100A	N402	State Code	State	STATE.
70	2100A	N403	Postal Code	Zip Code	For USA and Canada addresses, the ZIP CODE is sent, generally 5 digits, but additional 4 and 2 digits may be provided if available. <ul style="list-style-type: none"> If a foreign address, the foreign postal code will be sent, if available. We will no longer send "NONE".
70	2100A	N404	Country Code		COUNTRY CODE required only if the country is not the USA.

834 Guide Page #	Loop ID	Segment	Name	Codes	Notes/Comments
70	2100A	N405	Location Qualifier	60 = Area	60 indicates the ELIGIBILITY ZIP CODE is sent in loop 2100A, N406, •
70	2100A	N406	Location Identifier	ELIGIBILITY ZIP CODE	ELIGIBILITY ZIP CODE • The new my CalPERS contains multiple addresses for Subscribers and Dependents. In order to determine the eligibility zip code, CalPERS will always send the eligibility zip code for new enrollments and plan changes. • Some carriers send out letters to Subscribers when they reside outside the service area, telling them that they are ineligible and must change health plans. If the carrier has such a process, then it is essential that they capture this eligibility zip code to prevent incorrect letters from being sent out.
70	2100A	N407	Country Subdivision Code		Not Sent - CalPERS doesn't track foreign addresses to this level
71	2100A		Member Demographics		
71	2100A	DMG01	Date Time Period Format Qualifier	D8	D8 sent confirms BIRTHDATE sent in DMG02.
71	2100A	DMG02	Date Time Period	BIRTHDATE	BIRTHDATE.
72	2100A	DMG03	Gender Code	SEX	SEX. • "UNKNOWN" may be sent for some dependents, never a Subscriber. Gender information is not available for a small group of economically dependent children that were converted from the Legacy system. No new enrollees can be added with an "unknown" sex. Most carriers have to default to one gender. Consider defaulting to "female" since more medical services are generally available.
86	2100B		Incorrect Member Name		If there is more than one correction in a given day, the prior information fields will have the information as it was the last time we sent it; not what it was at the time of the transaction
86	2100B	NM101	Entity Identifier Code	70	70 - Prior Incorrect Insured indicates identifying or demographic information on an enrollee is being corrected.
87	2100B	NM102	Entity Type Qualifier	1	1 sent to indicate a PERSON.
87	2100B	NM103	Name Last		PRIOR LAST NAME (If REF 3H = 2) If last name didn't change, send current last name.
87	2100B	NM104	Name First		PRIOR FIRST NAME (If REF 3H = 2) If first name didn't change, send current first name.
87	2100B	NM105	Name Middle		PRIOR MIDDLE NAME (If REF 3H = 2) If middle name didn't change, send current middle name.
87	2100B	NM107	Name Suffix		PRIOR NAME SUFFIX (If REF 3H = 2) If not available, sent as blank.

834 Guide Page #	Loop ID	Segment	Name	Codes	Notes/Comments
87	2100B	NM108	Identification Code Qualifier	34 = SSN	34 send PRIOR SSN (If REF3H = 1) in NM109. Otherwise, sent as blank.
88	2100B	NM109	Identification Code		PRIOR SSN sent (If REF3H = 1). Otherwise, sent as blank.
89	2100B		Incorrect Member Demographics		Following segments sent only if Subscriber sex or birthdate change.
89	2100B	DMG01	Date Time Period Format Qualifier	D8	D8 sent confirms the date sent in DMG02 is CCYYMMDD.
90	2100B	DMG02	Date Time Period		PRIOR BIRTHDATE sent if (REF3H = 6). Current birthdate sent if there was no change to birthdate, but change to sex.
90	2100B	DMG03	Gender Code		PRIOR SEX sent if (REF3H = 4). Current sex will be sent if there was no change to sex, but change to birthdate.
92	2100C		Member Mailing Address		Situational, send when Subscriber mailing address is different from the residence address. Sent for Dependent address changes also.
92	2100C	NM101	Entity Identifier Code	31	Postal Mailing Address
92	2100C	NM102	Entity Type Qualifier	1	Person
94	2100C	N301	Address Information	Mailing Address	MAILING ADDRESS - Carrier Decision Point. <ul style="list-style-type: none"> Every transaction requires the City, State, and zip code for Loop 2100A, so CalPERS will send the whole address. The mailing address is also mandatory; so CalPERS will also send the mailing address even if it is the same as the address in Loop 2100A. Carriers have to make the decision if they are going to replace the address every time one is received from CalPERS when the address doesn't match their system. Most carriers have opted to ignore the address segment on regular transactions and overlay the address only when REF3H indicates that we are sending an actual address change transaction.
94	2100C	N302	Address Information	See CalPERS N302 Table	SUPPLEMENTAL ADDRESS CODE
95	2100C		Member Residence City, State, Zip		
95	2100C	N401	City Name	City	CITY.
95	2100C	N402	State Code	State	STATE.
96	2100C	N403	Postal Code	Zip Code	For USA and Canada addresses the ZIP CODE is sent, generally 5 digits, but additional 4 and 2 digits may be provided if available. If a foreign address the Foreign postal code will be sent if available.
96	2100C	N404	County Code		COUNTRY CODE required only if the country is not the USA.

834 Guide Page #	Loop ID	Segment	Name	Codes	Notes/Comments
96	2100C	N407	Country Subdivision Code		Not Sent - CalPERS doesn't track foreign addresses to this level
97	2100D		Member Employer		We will send this loop twice if we have the Employer Tax ID. The first loop will always be the CalPERS ID. The second loop will be the Employer Tax ID.
97	2100D	NM101	Entity Identifier Code	36	ES sent to confirm data pertains to employer name.
98	2100D	NM102	Entity Type Qualifier	2	2 sent to confirm the data pertains to an organization.
98	2100D	NM103	Name Last or Organization Name	EMPLOYER NAME	CalPERS EMPLOYER NAME (Example: Dept. of Transportation). <ul style="list-style-type: none"> Text description of the employer name is sent for those carriers that track employer name. Version 4010 allowed us to send the Employer Name in NM109 which allowed 80 characters. The field length for this field is only 60 characters, so we will truncate. See my CalPERS for the full name.
99	2100D	NM108	Identification Code Qualifier	24	Employer's Identification Number
99	2100D	NM109	Identification	CalPERS Unique ID	The first loop will always be the CalPERS ID. The second loop will be the Employer Tax ID if we have it. ID (Example: 3874920385) <ul style="list-style-type: none"> The CalPERS Employer ID is the new identifier generated by my CalPERS for Employers. This replaces the Employer Unit and Agency code.
100	2100D		Member Employer Communications Numbers		PHONE NUMBER sent only if available.
101	2100D	PER01	Contact Function Code	EP	Employer Contact
101	2100D	PER02	Name		Employer Name
101	2100D	PER03	Communication Number Qualifier	TE = Telephone	
101	2100D	PER04	Communication Number		AREA CODE + PHONE NUMBER
101	2100D	PER05	Communication Number Qualifier	TE = Telephone	
102	2100D	PER06	Communication Number		AREA CODE + PHONE NUMBER
102	2100D	PER07	Communication Number Qualifier	TE = Telephone	
102	2100D	PER08	Communication Number Qualifier		AREA CODE + PHONE NUMBER
103	2100D		Member Employer Mailing Address		
103	2100D	N301	Address Information	Mailing Address	EMPLOYER MAILING ADDRESS
103	2100D	N302	Address Information	See Supplemental Address type table	SUPPLEMENTAL ADDRESS CODE

834 Guide Page #	Loop ID	Segment	Name	Codes	Notes/Comments
				for values	
104	2100D		Member Employer City, State, Zip		
104	2100D	N401	City Name	City	CITY.
105	2100D	N402	State Code	State	STATE.
105	2100D	N403	Postal Code	Zip Code	
105	2100D	N404	County Code		COUNTRY CODE required only if the country is not the USA. Since all Employers are located in California, it is unlikely you will receive an international address requiring this field.
123	2100G		Responsible Person		Financially Responsible Name/SSN is sent only when survivor children are eligible for health benefits, but a third party must pay. This is not the same as the Qualifying SSN. The Qualifying SSN would be for the deceased person who qualified the children for benefits and the Financially Responsible SSN would be the third party who pays the premiums.
123	2100G	NM101	Entity Identifier Code	QD = Guardian	QD sent to identify the Responsible Party.
124	2100G	NM102	Entity Type Qualifier	1	1 sent to indicate Person.
124	2100G	NM103	Name Last		FINANCIALLY RESPONSIBLE NAME sent on both NM103 and NM104 since CalPERS does not differentiate between person and organization. As a result, First Name and Last Name will be in the same field. By reporting in both the NM103 and NM104, CalPERS will be compliant with ANSI Standards.
124	2100G	NM104	Name First		Same as FINANCIALLY RESPONSIBLE NAME Above.
124	2100G	NM105	Name Middle		MIDDLE NAME (Optional).
124	2100G	NM106	Name Prefix		Not Used.
125	2100G	NM107	Name Suffix		NAME SUFFIX (Optional).
125	2100G	NM108	Identification Code Qualifier	34	34 sent to confirm the SSN of the Financially Responsible Person follows in NM109.
125	2100G	NM109	Identification Code		FINANCIALLY RESPONSIBLE PERSON'S SSN sent when different from Subscriber and person is not covered on enrollment.
126	2100G		Responsible Person Communications Numbers		PHONE NUMBER sent only if available. The phone number addition or change will not trigger a transaction; rather, the most current phone number(s) (if available) will be included whenever we report any other health change for the member.

834 Guide Page #	Loop ID	Segment	Name	Codes	Notes/Comments
127	2100G	PER01	Contact Function Code	RP	RP If available, the financially responsible person's phone number is sent in PER04.
127	2100G	PER03	Communication Number Qualifier	HP = Home Phone WP = Work Phone CP = Cell Phone AP = International Phone	AP sent exclusively to identify international phone number. Since international phone numbers are a free form field, not all carriers can accommodate this type of phone number. If this is the case, the carrier may identify such phone numbers by looking for a qualifier of "AP".
127	2100G	PER04	Communication Number		AREA CODE + PHONE NUMBER International phone number could be sent.
127	2100G	PER05	Communication Number Qualifier	HP = Home Phone WP = Work Phone CP = Cell Phone AP = International Phone	
128	2100G	PER06	Communication Number		AREA CODE + PHONE NUMBER International phone number could be sent.
128	2100G	PER07	Communication Number Qualifier	HP = Home Phone WP = Work Phone CP = Cell Phone AP = International Phone	
128	2100G	PER08	Communication Number		AREA CODE + PHONE NUMBER International phone number could be sent.
129	2100G		Responsible Person Street Address		
129	2100G	N301	Address Information	Street Address	STREET ADDRESS
130	2100G	N401	City Name	City	CITY.
131	2100G	N402	State Code	State	STATE.
131	2100G	N403	Postal Code	Zip Code	For USA and Canada addresses the ZIP CODE is sent, generally 5 digits, but additional 4 and 2 digits may be provided if available. If a foreign address, the Foreign postal code will be sent if available.
131	2100G	N404	County Code		COUNTRY CODE required only if the country is not the USA.
137	2200		Disability Information		Situational, sent when enrolling a disabled child or when disability info is added or changed for a disabled child.
137	2200	DSB01	Disability Type Code	1=Short Term Disability 2=Long Term Disability 3=Permanent or long term Disability 4=No Disability	A "2" is the only value sent.
139	2200		Disability Eligibility Dates		DISABILITY CERTIFICATION AND EXPIRATION DATES sent for disabled Dependents. • We are sending two dates. A disability

834 Guide Page #	Loop ID	Segment	Name	Codes	Notes/Comments
					certification date and an expiration date. If the carrier cannot accommodate both dates, then it's recommended that they use the expiration date.
139	2200	DTP01	Date/Time Qualifier	360 = Disability Begin 361 = Disability End	This loop will be sent two times. 360 sent in first loop for disability certification begin date. 361 sent in second loop for disability certification end date.
139	2200	DTP02	Date Time Period Format Qualifier	D8	D8 defines format CCYYMMDD.
139	2200	DTP03	Date Time Period		
140	2300		Health Coverage		Situational, send when enrolling a new member or when adding or changing coverage for an existing member. NOT SENT FOR TERMINATIONS or DELETIONS. No HD loop will be sent for demographic changes, leaves, return from leave, retirement dates, or Medicare dates (refer to event date in Loop 2000 DTP). No HD loop will be sent for the Subscriber if there was no change, (INS04 = XN or REF03 = 00). Same for Dependents if (INS04 = XN or REF3H = 00).
140	2300	HD01	Maintenance Type Code	See CalPERS HD01 Table	MAINTENANCE TYPE CODE. <ul style="list-style-type: none"> This is a required segment, so always sent. If the carrier is going to use this segment, it cannot be used alone. For example, "001" (change), could be used to identify a coverage type change between Medicare/Basic or it can be used for a Premium Payment Method change to or from direct pay. This is similar to INS03.
140	2300	HD03	Insurance Line Code		Use HLT for Health.
143	2300		Health Coverage Dates		We don't send cancellations here. They are sent in Loop 2000.DTP.
143	2300	DTP01	Date Time Qualifier	See CalPERS DTP Table 348 = Benefit Begin 303 = Maintenance Begin	<ul style="list-style-type: none"> 348 sent for new enrollment, to add dependents & plan change (new plan). 303 sent for coverage type change (Medicare/Basic), beginning or ending direct pay.
144	2300	DTP02	Date Time Period Format Qualifier	D8	D8 date format CCYYMMDD.
144	2300	DTP03	Date Time Period		EFFECTIVE DATE of the 348 or 303 change. <ul style="list-style-type: none"> Sent for newborns and adopted children, who are covered from birth or adoption date (Loop 2000.DTP event date). But effective date for premium change is the 1st of the month following the event date.
152	2310		Provider Information		Not Sent. The new system does not provide a place to input the Provider Information.

CODE MAPPING TABLES

Member Level Detail – Individual Relationship Code

Loop 2000, Segment INS, INS02

Mapping Between Dependent Type Code and ANSI-834 Individual Relationship Code

CalPERS Dependent Type Value	CalPERS Dependent Type Definition	ANSI Code (INS02)	ANSI Code Definition
		18	Self
1	Spouse	01	Spouse
2	Natural Born Child	19	Child
3	Step Child	17	Stepson or Stepdaughter
4	Economically Dependent Child	19	Child
5	Adopted Child	09	Adopted Child
6	Domestic Partner	53	Life Partner
7	Domestic Partner Child	19	Child
15	Sibling	14	Brother or Sister

Member Level Detail – Maintenance Type Code

Loop 2000, Segment INS, INS03

Mapping Between REASON CATEGORY and ANSI-834 Maintenance Type Code

CalPERS Reason Category	ANSI Code (INS03)	ANSI Code Definition
Enrollment	021	Addition
Add Dependent	021	Addition
Delete Dependent	024	Cancellation
Change Health Plan	021 / 024	Addition / Cancellation
Cancel Coverage	024	Cancellation
Change Coverage Type	001	Change
Change Premium Payment Method	001	Change
Continued Eligibility	001	Change
Eligibility ZIP Changes	001	Change
Demographic Change	001	Change
Full File	030	Audit or Compare

Member Level Detail – Maintenance Reason Code**Loop 2000, Segment INS, INS04**

Mapping Between Health Enrollment Activity Code, Health Event Reason Category, and ANSI-834 Maintenance Reason Code

CalPERS Enrollment Activity Code	CalPERS Definition	ANSI Code (INS04)	ANSI Code Definition
1	New Subscriber SSA	25	Change in Identifying Data Elements
2	New Subscriber Name	25	Change in Identifying Data Elements
4	New Subscriber Sex	25	Change in Identifying Data Elements
6	New Subscriber Birth date	25	Change in Identifying Data Elements
8	New Dependent Name	25	Change in Identifying Data Elements
10	New Dependent Birth date	25	Change in Identifying Data Elements
11	New Dependent Sex	25	Change in Identifying Data Elements
12	New Dependent SSA	25	Change in Identifying Data Elements
16	Update Medicare	25	Change in Identifying Data Elements
3	New Subscriber Address	43	Change of Location
15	Dependent Address Change	43	Change of Location; Only sent if different from the Subscriber.
52	Rescind	14	Voluntary Withdrawal
51	Daily Event Changes Extract	XN	Notification Only; Indicates which family member remains UNCHANGED.
91	Full Replacement File Extract	XN	Notification Only
00	No Change	XN	Notification Only
5	New Health Cert Date		No INS04 Sent
7	New Retired Status		No INS04 Sent
9	Dependent Relationship Change		No INS04 Sent
13	New Leave Status		No INS04 Sent
14	New Return from Leave Status		No INS04 Sent
53	Reapply		No INS04 Sent

my CalPERS Health Event Reason Category	my CalPERS Definition	ANSI Code (INS04)	ANSI Code Definition
100's – All reason codes beginning with "1"	New Enrollment	28	Initial Enrollment
100's – All reason codes beginning with "1" (DP)	New Enrollment – Direct Pay	AI	No Reason Given
100's – All reason codes beginning with "1"	New Enrollment – COBRA	09	COBRA
123	Layoff Direct Pay	39	Layoffs with Benefits
200's – All reason codes beginning with "2"	Add Dependent(s)	28	Initial Enrollment
200	Birth/Adoption	02/05	Birth/Adoption
201	Marriage	32	Marriage
210	Medical Disability	21	Disability
300's – All reason codes beginning with "3"	Delete Dependent(s)	357	Eligibility End
300	Death	03	Death
302	Divorce	01	Divorce
308	Legal Separation	31	Legal Separation

my CalPERS Health Event Reason Category	my CalPERS Definition	ANSI Code (INS04)	ANSI Code Definition
400's – All reason Codes beginning with "4"	Change Health Plans	28/07	Initial Enrollment/Termination
500's – All Reason codes beginning with "5"	Cancel Coverage	07	Termination of Benefits
515	Permanent Separation	08	Termination of Employment
516	Layoff Cancel	08	Termination of Employment
526	Death	03	Death
537	COBRA Subscriber Death – Online	03	Death
600's – All reason codes beginning with "6"	Changes between Basic/Medicare	33	Personal Data
700's – All reason codes beginning with "7"	Direct Pay Enrolment	AI	No Reason Given
700's – All reason codes beginning with "7"	Direct Pay Termination	20	Active
800's – All reason codes beginning with "8"	Batch Terminating Coverage	7	Termination
800's – All reason codes beginning with "8"	Batch Re-establishing Coverage	20	Active
800	Batch Rollover	28/07	Initial Enrollment/Termination
802	23 year old delete – Batch	357	Eligibility End
812	Perm Sep: Batch Cancel	08	Termination of Employment
813	Subscriber Death	03	Death
816	Layoff Batch	40	Layoff without Benefits
828	Certification Dependent Delete – Batch	357	Eligibility End
832	DEP No Medicare election age65 – Batch	357	Eligibility End
834	COBRA Subscriber Death – Batch	03	Death
836	18 year old delete – Batch	357	Eligibility End
837	22 year old delete – Batch	357	Eligibility End

Member Level Detail – Benefit Status Code**Loop 2000, Segment INS, INS05**

Mapping Between Eligibility Basis and ANSI-834 Benefit Status Code

my CalPERS Eligibility Basis (Subscriber)	CalPERS Definition	ANSI Code (INS05)	ANSI Code Definition
1	Employment	A	Active
2	Retired	A	Active
3	Survivor	S	Surviving Insured
4	New Contract Retiree	A	Active
5	New Contract Survivor	S	Surviving Insured
7	Past Employment	A	Active
8	Survivor without Benefit	S	Surviving Insured
9	COBRA Qualifying Subscriber	C	COBRA
10	COBRA Qualifying Dependent	C	COBRA
11	COBRA Qualifying Subscriber New Contracting	C	COBRA

my CalPERS Eligibility Basis (Subscriber)	CalPERS Definition	ANSI Code (INS05)	ANSI Code Definition
12	COBRA Qualifying Dependent New Contracting	C	COBRA
14	Survivor with Safety Officers	S	Surviving Insured
15	COBRA SSA Disabled	C	COBRA

Member Level Detail – Medicare Plan Code**Loop 2000, Segment INS, INS06-1**

Mapping Between Health Coverage Type, Medicare Enrollment Status Code, and ANSI-834 Medicare Plan Code

CalPERS Health Coverage Type	CalPERS Definition	ANSI Code (INS06)	ANSI Code Definition
1	Basic	E	No Medicare
2	Medicare	See Medicare Enrollment Status Code	

CalPERS Medicare Enrollment Status Code	CalPERS Definition	ANSI Code (INS06)	ANSI Code Definition
1	Part A	A	Medicare Part A
2	Medicare Part B	B	Medicare Part B
3	Medicare Part A and B	C	Medicare Part A and B
6	Foreign Residence	E	Basic
7	Eligible Prior to Jan 1985	E	Basic
8	Not Eligible for Medicare	E	Basic
9	Jan 1998 Board Policy Waiver	E	Basic
11	Appeal Approved	E	Basic
12	CSU Eligible Prior to Jan 2001	E	Basic
13	Working 65+ and in EGHP	E	Basic
15	Not Enrolled due to New PEMHCA Contract	E	Basic

Member Level Detail – COBRA Qualifying Code**Loop 2000, Segment INS, INS07**

Mapping Between Health Enrollment Reason and ANSI-834 COBRA Qualifying Code

CalPERS Health Enrollment Reason	CalPERS Definition	ANSI Code (INS07)	ANSI Code Definition
131	Reduction in Hours	2	Reduction of work hours
132	Loss of Employment	1	Termination of employment
133	Div/Sep/Mv from Household	5	Divorce
134	Death of Employee	4	Death
135	Dep Cont-Sub on Medicare	3	Medicare
136	Loss of Dependent Status	7	Ineligible child
137	Senate Bill 761	1	Termination of employment
138	SSA Certified Disabled	1	Termination of employment
139	New Contract Agency Sub	1	Termination of employment
140	New Contract Agency Dep	1	Termination of employment
141	Agency No Longer Contract	1	Termination of employment
142	Other	1	Termination of employment

Member Level Detail – Employment Status Code**Loop 2000, Segment INS, INS08****Mapping Between Eligibility Basis, Appointment Status, and ANSI-834 Employment Status Code**

CalPERS Eligibility Basis	CalPERS Definition	ANSI Code (INS08)	ANSI Code Definition
1	Employment	AC, AU, or L1	Active, Active Military USA, or Leave of Absence
2	Retired	RT	Retired
3	Survivor		Not Sent
4	New Contracting Retiree	RT	Retired
5	New Contracting Survivor		Not Sent
7	Past Employment	RT	Retired
8	Survivor no Benefits		Not Sent
9	COBRA Qualifying Subscriber	TE	Terminated
10	COBRA Qualifying Dependent	TE	Terminated
11	COBRA Qualifying Subscriber New Contracting	TE	Terminated
12	COBRA Qualifying Dependent New Contracting	TE	Terminated
14	Survivor with Safety Officer		Not Sent
15	COBRA SSA Disabled	TE	Terminated

CalPERS Appointment Status	CalPERS Definition	ANSI Code (INS08)	ANSI Code Definition
1	Active	AC	Active
12	Family Medical Leave	L1	Leave of Absence
4	Military Leave	AU	Active Military – USA
3	Other Leave	L1	Leave of Absence
5	Industrial Disability Leave	L1	Leave of Absence
6	Workers Comp	L1	Leave of Absence
7	Sabb Full Pay	L1	Leave of Absence
8	Sabb Part Pay	L1	Leave of Absence
9	Service Leave	L1	Leave of Absence
10	Special Leave	L1	Leave of Absence
11	Non-Industrial DL	L1	Leave of Absence
15	Educational Leave	L1	Leave of Absence
16	Maternity/Paternity Leave	L1	Leave of Absence
17	To Alternate Retirement Plan		Not Sent
19	JRS Leave of Absence	L1	Leave of Absence
20	State Disability Leave	L1	Leave of Absence
2	Perm Sep	TE	Terminated

Member Level Detail – Sending Payroll Code
Loop 2000, REF Segment, REF01 = Code 1L
 Used to track payroll

CalPERS Payroll Code	Subscriber Group
0	State Active: <ul style="list-style-type: none"> • State Employees • Legislators • Active STRS Members • Appeals, Superior, Supreme Court Judges
1	State Retired: <ul style="list-style-type: none"> • State Annuitants • District Agricultural Assoc. Annuitants • Legislative Annuitants • Military Department Annuitants
2	Retired Legislators (LRS)
3	State Retired Judges (JRS) <ul style="list-style-type: none"> • Appeals, Superior, Supreme, Senior Court Judges
4	State Retired STRS members
5	Public Agency Active Employees
6	Military Department Employees (PERS)
7	District Agricultural Association Employees
8	Legislative Employees: <ul style="list-style-type: none"> • 8A - Assembly Rules Committee • 8AG - Office of the Auditor General • 8BC - Joint Legislative Budget Committee • 8S - Senate Rules Committee
9	Public Agency Active STRS Members <ul style="list-style-type: none"> • JRS - Judges' Retirement System • MRS - Military Retirement System • STRS - State Teachers' Retirement System
A	Public Agency Retired
B	Retired Military Department (MRS)
C	Public Agency Active Judges: <ul style="list-style-type: none"> • Municipal/Justice Court Judges • Superior Court Judges (Los Angeles, Venture, Riverside Counties)
D	Non-PERS Public Agency Employees
E	Survivors of deceased employees under Section 22821
F	Public Agency Retired STRS Members
G	Non-PERS Retired Members/Survivors
S	Subscriber - Direct Pay/COBRA

Member Level Detail – CalPERS Medicare Enrollment Status Code**Loop 2000, REF Segment, REF01 = Code 17**

Used to track the reason Medicare aged Subscribers and Dependents are not enrolled into Medicare

CalPERS Medicare Enrollment Status Code	CalPERS Definition
6	Foreign Residence
7	Eligible Prior to Jan 1985
8	Not Eligible for Medicare
9	Jan 1998 Board Policy Waiver
11	Appeal Approved
12	CSU Eligible Prior to Jan 2001
13	Working 65+ and in EGHP
15	Not Enrolled due to New PEMHCA Contract

Member Level Detail – Plan Code and Party Rate**Loop 2000, REF Segment, REF01 = Code DX**

3 Digit Plan Code and 1 Digit Party Rate

Plan Code – Unique for each Carrier***Note: Plan codes are not included in this document.**

Party Rate	
Basic (B)	Party Rate
Employee Only	1
Employee and 1 Dependent	2
Employee and 2 or more dependents	3
Supplement/Managed Medicare (SM)	Party Rate
Employee Only	1
Employee and 1 Dependent	2
Employee and 2 or more dependents	3
Combination (B & SM)	Party Rate
Employee (SM) and 1 dependent (B)	4
Employee (SM) and 2 or more dependents (B)	5
Employee and 1 dependent (SM) and 1 or more dependents (B)	6
Employee (B) and 1 dependent (SM)	7
Employee (B) and 2 or more dependents (SM)	8
Employee and 1 or more dependents (B) and 1 dependent (SM)	9

Member Level Detail – Maintenance Reason Code
Loop 2000, REF Segment, REF01 = Code ZZ
Maintenance Reason Code

my CalPERS Reason Code	Reason Code Definition	Health Event Type	Health Reason Category
100	Time Base & Tenure	New Enrollment	New Enrollment
101	Late or Loss of Coverage (Emp)	New Enrollment	New Enrollment
102	Reinstatement	New Enrollment	New Enrollment
103	Military - New Enrollment	New Enrollment	New Enrollment
104	Open Enrollment Employees New Enrollment	Open Enrollment	New Enrollment
105	Open Enrollment Retirees New Enrollment	Open Enrollment	New Enrollment
106	Time Base, Tenure, Hours	New Enrollment	New Enrollment
107	Off Pay eligible PI	New Enrollment	New Enrollment
108	Enroll Own right Employees	New Enrollment	New Enrollment
109	Enroll Own right Retirees	New Enrollment	New Enrollment
110	Enroll Own right Survivor	New Enrollment	New Enrollment
111	Off Pay during O/E	New Enrollment	New Enrollment
112	Retirement	New Enrollment	New Enrollment
113	Deferred Retirement - Direct Pay Optional	New Enrollment	New Enrollment
114	Survivor	New Enrollment	New Enrollment
115	New contracting employee	New Enrollment	New Enrollment
116	New contracting retiree	New Enrollment	New Enrollment
117	New contracting survivor	New Enrollment	New Enrollment
118	New Contracting LOA	New Enrollment	New Enrollment
119	Pending Retirement	Continued Enrollment	New Enrollment
120	Deferred Retirement - JRS	New Enrollment	New Enrollment
121	Appealing dismissal	New Enrollment	New Enrollment
122	Survivors under 21547	New Enrollment	New Enrollment
123	Layoff: Enroll Direct Pay	New Enrollment	New Enrollment
124	Enrollment Other - Active	New Enrollment	New Enrollment
125	1959 Survivor Reinstated	New Enrollment	New Enrollment
126	Spouse inelig, kids elig	New Enrollment	New Enrollment
128	Survivor Without Benefits	New Enrollment	New Enrollment
129	Special Enrollment Employees	New Enrollment	New Enrollment
130	Special Enrollment Retirees	New Enrollment	New Enrollment
131	COBRA Reduction in Hours	COBRA New Enrollment	New Enrollment

my CalPERS Reason Code	Reason Code Definition	Health Event Type	Health Reason Category
132	COBRA Loss of Employment	COBRA New Enrollment	New Enrollment
133	COBRA Div/Sep/Mv from Household	COBRA New Enrollment	New Enrollment
134	COBRA Death of Employee	COBRA New Enrollment	New Enrollment
135	COBRA Dep Cont-Sub on Medicare	COBRA New Enrollment	New Enrollment
136	COBRA Loss of Dependent Status	COBRA New Enrollment	New Enrollment
137	COBRA Senate Bill 761	COBRA New Enrollment	New Enrollment
138	COBRA SSA Certified Disabled	COBRA New Enrollment	New Enrollment
139	COBRA New Contract Agency Sub	COBRA New Enrollment	New Enrollment
140	COBRA New Contract Agency Dep	COBRA New Enrollment	New Enrollment
141	COBRA Agency No Longer Contract	COBRA New Enrollment	New Enrollment
142	COBRA Other	COBRA New Enrollment	New Enrollment
143	Admin: CSEA Survivor	New Enrollment	New Enrollment
144	Admin: CSEA Retiree	New Enrollment	New Enrollment
145	Surv Benefits Paid by ER	New Enrollment	New Enrollment
146	Re-enroll SES/PA FFPO Survivor	Continued Enrollment	New Enrollment
147	Loss of Coverage (Ret)	New Enrollment	New Enrollment
148	Enroll < half time Emp	New Enrollment	New Enrollment
149	STRS Survivor No Allowance	New Enrollment	New Enrollment
150	NC EE Enroll < half time Emp	New Enrollment	New Enrollment
152	Firefighter/Peace Offcr Surv	New Enrollment	New Enrollment
153	BU 06 PI Cadet New Enroll	New Enrollment	New Enrollment
154	Open Enrollment Survivor New Enrollment	Open Enrollment	New Enrollment
156	Direct Pay ER Share age >65	New Enrollment	New Enrollment
157	Survivor Not Cov as Dependent	New Enrollment	New Enrollment
158	Medicare Compliant Enroll-Ret	New Enrollment	New Enrollment
159	Medicare Compliant Enroll-Surv	New Enrollment	New Enrollment
160	Return from Off Pay Status	New Enrollment	New Enrollment
161	Deferred Retirement - Direct Pay Required	New Enrollment	New Enrollment
162	Enrollment Other - Retired	New Enrollment	New Enrollment
163	New contracting Survivor without Benefits	New Enrollment	New Enrollment
164	Late Coverage (Ret)	New Enrollment	New Enrollment
165	CalSTRS Retirement	New Enrollment	New Enrollment
166	State Retiree - Dental Enrollment	New Enrollment	New Enrollment
167	Re-Employment	New Enrollment	New Enrollment
168	Deferred Retirement/Inactive - LRS	New Enrollment	New Enrollment

my CalPERS Reason Code	Reason Code Definition	Health Event Type	Health Reason Category
169	Pending Retirement - Deferred Retirees	Continued Enrollment	New Enrollment
170	OE Enroll < half time Emp New Enrollment	Open Enrollment	New Enrollment
171	Continued Elig: Survivor – Batch	New Enrollment	New Enrollment
172	Continued Elig: Survivor – Online	New Enrollment	New Enrollment
200	Birth/placement	Add Dependent	Add Dependent
201	Marriage	Add Dependent	Add Dependent
202	Custody	Add Dependent	Add Dependent
203	Economically dependent	Add Dependent	Add Dependent
204	Loss of Coverage	Add Dependent	Add Dependent
205	Return from Military Leave	Add Dependent	Add Dependent
206	Open Enrollment Add Dep	Open Enrollment	Add Dependent
207	Off pay Open Enrollment	Add Dependent	Add Dependent
208	Court Order	Add Dependent	Add Dependent
209	Split Resolution	Add Dependent	Add Dependent
210	Medically Disabled	Add Dependent	Add Dependent
211	Health Statement	Add Dependent	Add Dependent
212	Add Dependent Other	Add Dependent	Add Dependent
213	Special Enrollment Dependent	Add Dependent	Add Dependent
215	Domestic Partner Add	Add Dependent	Add Dependent
216	Domestic Partner Child Add	Add Dependent	Add Dependent
217	Medicare Compliant Enroll-Dep	Add Dependent	Add Dependent
218	New Contracting - Medically Disabled	Add Dependent	Add Dependent
300	Death of Dependent	Delete Dependent	Delete Dependent
301	23 year old delete	Delete Dependent	Delete Dependent
302	Divorce	Delete Dependent	Delete Dependent
303	Marriage of Dependent Child	Delete Dependent	Delete Dependent
304	Enroll Own Right Dependent	Delete Dependent	Delete Dependent
305	No longer certifiable	Delete Dependent	Delete Dependent
306	Ineligible dependent	Delete Dependent	Delete Dependent
307	Gains other coverage	Delete Dependent	Delete Dependent
308	Legal separation	Delete Dependent	Delete Dependent
309	Military - Del Dependent	Delete Dependent	Delete Dependent
310	Loss economic dependence	Delete Dependent	Delete Dependent
311	Optional Delete	Delete Dependent	Delete Dependent
312	Change of custody	Delete Dependent	Delete Dependent

my CalPERS Reason Code	Reason Code Definition	Health Event Type	Health Reason Category
313	Vacates household	Delete Dependent	Delete Dependent
314	Dual/split resolution	Delete Dependent	Delete Dependent
315	Del Dep-Ded Exceed Gross	Delete Dependent	Delete Dependent
316	Delete Dependent Other	Delete Dependent	Delete Dependent
318	Domestic Partner Term	Delete Dependent	Delete Dependent
319	Domestic Partner Child Term	Delete Dependent	Delete Dependent
320	Open Enrollment Delete Dependent	Open Enrollment	Delete Dependent
321	Dep No Medicare Election	Delete Dependent	Delete Dependent
322	Delete Dependent- Did not certify economic status	Delete Dependent	Delete Dependent
323	Del Dep-Ded Exceed Gross (internal)	Delete Dependent	Delete Dependent
324	Enrolled in non-CalPERS Medicare Part D	Delete Dependent	Delete Dependent
400	Open Enrollment Change Health Plan	Open Enrollment	Change Plan
401	Off Pay during Open Enrollment	Change Health Plan	Change Plan
402	Move	Change Health Plan	Change Plan
403	Association membership	Change Health Plan	Change Plan
404	Out of association plan	Change Health Plan	Change Plan
405	Special Enrollment - Change Health Plan	Change Health Plan	Change Plan
406	Plan Chg-Ded Exceed Gross	Change Health Plan	Change Plan
407	Rollover/Mass Change	Change Health Plan	Change Plan
408	Network disrupt/Mbr approve	Change Health Plan	Change Plan
409	Elective Medicare plan change	Change Health Plan	Change Plan
410	Change Health Plan Other	Change Health Plan	Change Plan
412	Change Plan due to Eligibility ZIP Change	Change Health Plan	Change Plan
480	Change Eligibility Zip - Employer	Change Health Plan	Eligibility Zip Changes
481	Cancel Eligibility Zip - Employer	Change Health Plan	Eligibility Zip Changes
482	Plan Chg-Ded Exceed Gross (internal)	Change Health Plan	Change Plan
500	Insufficient Hours	Cancel Coverage	Cancellation
501	Change in appt. outside b/u	Cancel Coverage	Cancellation
502	Time base/tenure chg	Cancel Coverage	Cancellation
503	Enrolled into Flex Elect	Open Enrollment	Cancellation
504	Delay in roll placement	Cancel Coverage	Cancellation
505	Subscriber request	Cancel Coverage	Cancellation
506	22816.7	Cancel Coverage	Cancellation
507	Appeal denied	Cancel Coverage	Cancellation
508	Disability app denied	Cancel Coverage	Cancellation

my CalPERS Reason Code	Reason Code Definition	Health Event Type	Health Reason Category
509	Deductions Exceed Gross	Cancel Coverage	Cancellation
510	Dual resolution	Cancel Coverage	Cancellation
511	Non-pay AB592	Cancel Coverage	Cancellation
512	Voluntary loss of Part B	Cancel Coverage	Cancellation
513	1959 Survivor Allow term	Cancel Coverage	Cancellation
514	Cancellation Other	Cancel Coverage	Cancellation
515	Cancel: Perm Separation	Cancel Coverage	Cancellation
516	Layoff Cancel	Cancel Coverage	Cancellation
517	CalPERS Terms Agency Contract - Online	Cancel Coverage	Cancellation
518	Agency Terms Health Contract - Online	Cancel Coverage	Cancellation
519	Agency Terms Retire Contract - Online	Cancel Coverage	Cancellation
520	Agency Terms Health Group - Online	Cancel Coverage	Cancellation
521	COBRA Due to Missed Payments	Cancel Coverage	Cancellation
524	COBRA Eligibility Expire-Online	Cancel Coverage	Cancellation
526	Subscriber Death	Cancel Coverage	Cancellation
528	Cancel SES/PA FFPO Survivor	Cancel Coverage	Cancellation
529	Cancel; PA/Sch Site Chg	Cancel Coverage	Cancellation
530	OE Cancel Coverage	Open Enrollment	Cancellation
531	Sub No Medicare Election - Online	Cancel Coverage	Cancellation
532	Surv Dp no longer elig - Online	Cancel Coverage	Cancellation
533	Off Pay Status Cancel	Cancel Coverage	Cancellation
534	Military Leave	Cancel Coverage	Cancellation
535	Reinstatement (Non-PERS)	Cancel Coverage	Cancellation
536	Subscriber Request - COBRA	Cancel Coverage	Cancellation
537	COBRA Subscriber Death - Online	Cancel Coverage	Cancellation
538	COBRA Health Contract Term - Online	Cancel Coverage	Cancellation
539	Enrolled in non-CalPERS Medicare Part D	Cancel Coverage	Cancellation
540	Agency Merger - No Med Group Available	Cancel Coverage	Cancellation
541	Carrier - COBRA Due to Missed Payments	Cancel Coverage	Cancellation
542	Carrier - Direct Pay Due to Missed Payments	Cancel Coverage	Cancellation
600	Involuntary loss of Part B	Change Coverage Type	Change Coverage Type
601	Moving out of U.S.	Change Coverage Type	Change Coverage Type
602	Elects Medicare	Change Coverage Type	Change Coverage Type
603	Moving into U.S.	Change Coverage Type	Change Coverage Type

my CalPERS Reason Code	Reason Code Definition	Health Event Type	Health Reason Category
604	Coverage Type Change Other	Change Coverage Type	Change Coverage Type
605	voluntary loss of part B	Change Coverage Type	Change Coverage Type
704	LOA	Change Premium Payment Method	Premium Payment Method Chg
705	Worker Comp/Claim Pending	Change Premium Payment Method	Premium Payment Method Chg
706	PI/ off pay	Change Premium Payment Method	Premium Payment Method Chg
707	Suspension	Change Premium Payment Method	Premium Payment Method Chg
708	CSU Inactive	Change Premium Payment Method	Premium Payment Method Chg
709	Insufficient earnings	Change Premium Payment Method	Premium Payment Method Chg
710	Pending NDI	Change Premium Payment Method	Premium Payment Method Chg
711	Active EE Other	Change Premium Payment Method	Premium Payment Method Chg
712	Chg to deduct-Return to Work	Change Premium Payment Method	Premium Payment Method Chg
713	Change to Deduction Other	Change Premium Payment Method	Premium Payment Method Chg
714	Change to Direct Pay Other	Change Premium Payment Method	Premium Payment Method Chg
715	Chg to deduct-FMLA	Change Premium Payment Method	Premium Payment Method Chg
716	Chg to deduct-Retirement	Change Premium Payment Method	Premium Payment Method Chg
719	Manual Rollover at age 65	Change Premium Payment Method	Premium Payment Method Chg
800	Rollover/Mass Change - Batch	Change Health Plan	Change Plan
801	chg to deduct-FMLA - Batch	Change Premium Payment Method	Premium Payment Method Chg
802	23 year old delete - Batch	Delete Dependent	Delete Dependent
803	RIBS Exit Reinstatement - Batch	Cancel Coverage	Cancellation
804	RIBS Exit (Re)marriage - Batch	Cancel Coverage	Cancellation
805	RIBS Exit Surv Child 18 - Batch	Cancel Coverage	Cancellation
806	RIBS Exit Exp bft/Divorce - Batch	Cancel Coverage	Cancellation
807	RIBS Exit Cancellation - Batch	Cancel Coverage	Cancellation
808	RIBS Exit Changed benefit - Batch	Cancel Coverage	Cancellation
809	RIBS Exit Actuarial Eqv Pd - Batch	Cancel Coverage	Cancellation
810	RIBS Exit Child 22 - Batch	Cancel Coverage	Cancellation
811	RIBS Exit Not Disabled - Batch	Cancel Coverage	Cancellation
812	Perm Sep: Batch Cancel	Cancel Coverage	Cancellation
813	Death of Subscriber - Batch	Cancel Coverage	Cancellation
814	chg to ded-retire - Batch	Change Premium Payment Method	Premium Payment Method Chg
815	chg to ded-return to work - Batch	Change Premium Payment Method	Premium Payment Method Chg

my CalPERS Reason Code	Reason Code Definition	Health Event Type	Health Reason Category
816	Layoff - Batch Cancel	Cancel Coverage	Cancellation
818	Continued Elig: Retirement - Batch	Continued Enrollment	Continued Eligibility
819	CalPERS terms agency contract - Batch	Cancel Coverage	Cancellation
820	Agency terms health contract - Batch	Cancel Coverage	Cancellation
821	Agency Terms Retire Contract - Batch	Cancel Coverage	Cancellation
822	Agency terms health group - Batch	Cancel Coverage	Cancellation
824	COBRA Eligibility Expire-Batch	Cancel Coverage	Cancellation
827	Batch Cancel Site Chg	Cancel Coverage	Cancellation
828	Certification Dependent Delete - Batch	Delete Dependent	Delete Dependent
831	SUB No Medicare Election age65 - Batch	Cancel Coverage	Cancellation
832	DEP No Medicare Election age65 - Batch	Delete Dependent	Delete Dependent
833	Batch Surv Dep no longer elig	Cancel Coverage	Cancellation
834	COBRA Subscriber Death - Batch	Cancel Coverage	Cancellation
835	COBRA Health Contract Term - Batch	Cancel Coverage	Cancellation
836	18 year old delete - Batch	Delete Dependent	Delete Dependent
837	22 year old delete – Batch	Delete Dependent	Delete Dependent
838	Update CBU Benefits	Cancel Coverage	Cancel Coverage

Member Level Detail – Health Enrollment Activity Code**Loop 2000, REF Segment, REF01 = Code 3H****Health Enrollment Activity Code**

CalPERS Health Enroll Activity Code	CalPERS Code Definition Health Activity Code
1	New Subscriber SSN
2	New Subscriber Name
3	New Subscriber Address
4	New Subscriber Sex
5	New Health Cert Date
6	New Subscriber Birthdates
7	New Retired Status
8	New Dependent Name
9	Dependent Relationship Change
10	New Dependent Birth date
11	New Dependent Sex
12	New Dependent SSN
13	New Leave Status
14	New Return from Leave Status
15	Dependent Address Change
16	Update Medicare
51	Daily Event Change Extract
52	Rescind Transaction
53	Reapplied Transaction
91	Full File
00	No change – sending family members as part of a complete record

Member Level Dates**Loop 2000, Segment DTP, DTP01****Mapping between Health Enrollment Activity Code and Date/Time Qualifier**

CalPERS Health Enrollment Activity Code	CalPERS Definition	ANSI Code	ANSI Date/Time Qualifier
3	New Subscriber Address	303	Maintenance Effective Date
7	New Retired Status	303	Maintenance Effective Date
13	New Leave Status	303	Maintenance Effective Date
14	New Return from Leave Status	303	Maintenance Effective Date
15	Dependent Address Change	303	Maintenance Effective Date
16	Update Medicare	303	Maintenance Effective Date
0	No Change	Not Sent	
1	New Subscriber SSN	Not Sent	
2	New Subscriber Name	Not Sent	
4	New Subscriber Sex	Not Sent	
5	New Health Cert Date	Not Sent	
6	New Subscriber Birthdates	Not Sent	
8	New Dependent Name	Not Sent	

CalPERS Health Enrollment Activity Code	CalPERS Definition	ANSI Code	ANSI Date/Time Qualifier
9	Dependent Relationship Change	Not Sent	
10	New Dependent Birth Date	Not Sent	
11	New Dependent Sex	Not Sent	
12	New Dependent SSA	Not Sent	
91	Full Replacement File Extract	Not Sent	
51	Daily Event Change	See tables for Reason Category	
52	Rescind Health Event	See tables for Reason Category	
53	Reapply Health Event	See tables for Reason Category	

CalPERS Health Event Reason Code	CalPERS Definition	ANSI Code (DTP01)	ANSI Date/Time Qualifier
100's – All reason codes beginning with "1" except COBRA	New Enrollment	356	Eligibility Begin
100's – All COBRA reason codes beginning with "1"	COBRA New Enrollment	301	COBRA Qualifying Event
		340	COBRA Start Date
		341	COBRA End Date
200's – All reason codes beginning with "2"	Add Dependent(s)	356	Eligibility Begin
300's – All reason codes beginning with "3"	Delete Dependent(s)	357	Eligibility End
400's – All reason Codes beginning with "4"	Change Health Plans	356	Eligibility Begin
		357	Eligibility End
500's – All Reason codes beginning with "5"	Cancel Coverage	357	Eligibility End
600's – All Reason codes beginning with "6"	Change Coverage Type		
Medicare Enrollment Status	Definition		
1, 2, or 3		356	Medicare Begin
1, 2, or 3		339	Medicare End
1	Enrolled in Part A Only	338	Medicare Begin
	End Part A Only	339	Medicare End
2	Enrolled in Part B Only	338	Medicare Begin
	End Part B Only	339	Medicare End
3	Enrolled in Part A & Part B	338	Medicare Part A Begin
		339	Medicare Part A End
		338	Medicare Part B Begin
		339	Medicare Part B End
700's – All reason codes beginning with "7"	Premium Payment Method = 2	297	Last Day Worked
	Premium Payment Method = 1	296	Return To Work
800's – All reason codes beginning with "8"	Batch Re-establishing Coverage	356	Eligibility Begin
	Batch Terminating Coverage	357	Eligibility End

CalPERS Health Event Reason Code	CalPERS Definition	ANSI Code (DTP01)	ANSI Date/Time Qualifier
812	Perm Sep Batch Cancel	337	Employment End
814	Chg to ded-retire – Batch	286	Retirement
815	Chg to ded-return to work - Batch	296	Return to Work
816	Layoff Batch	337	Employment End

Street Address

Supplemental Address Type

CalPERS Supplemental Address Type Code	CalPERS Definition
1	Conservator of
2	Guardian of
3	Custodian of
4	Cust-CA Uniform Trfr Minors
5	Executor of the Estate of
6	Administrator Estate of
7	Trustee of
8	For
9	Care of

Health Coverage – Maintenance Type Code**Loop 2300, Segment, HD, HD01**

Mapping Between Reason Category and ANSI-834 Health Coverage Maintenance Type Code

CalPERS Reason Category	ANSI Code	ANSI Code Definition
New Enrollment	021	Addition
Add Dependent	021	Addition
Change Health Plan	021	Addition
Change Coverage Type	001	Change
Change Premium Payment Method	001	Change
Continued Eligibility	001	Change
Eligibility ZIP Changes	001	Change

Health Coverage Dates**Loop 2300, Segment, DTP, DTP01**

Mapping Between Reason Category and ANSI-834 Health Coverage Dates

CalPERS Reason Category	ANSI Code	ANSI Code Definition
New Enrollment	348	Benefit Begin
Add Dependent	348	Benefit Begin
Change Health Plan	348	Benefit Begin
Change Coverage Type	303	Maintenance Begin
Change Premium Payment Method	303	Maintenance Begin
Continued Eligibility	303	Maintenance Begin
Eligibility ZIP Changes	303	Maintenance Begin